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PTO/SB/21 (09-04)

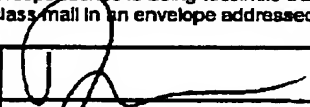
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/812,445
	Filing Date	July 2, 2003
	First Named Inventor	Katarina MAGNUSSON
	Art Unit	1773
	Examiner Name	Holly C. Flickman
	Attorney Docket Number	000011-002
Total Number of Pages in This Submission	2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/82 Revocation of Power of Attorney With new Power of Attorney

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	WHITE, REDWAY & BROWN LLP	
Signature		
Printed name	David J. Serbin	
Date	April 27, 2005	Reg. No. 30,589

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	David J. Serbin	Date April 27, 2005

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/612,445
Filing Date	July 2, 2003
First Named Inventor	Katarina MAGNUSSON
Art Unit	1773
Examiner Name	Rickman, Holly C.
Attorney Docket Number	000011-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

44012

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

44012

OR

☐ Firm or
Individual Name

Address

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Country

Telephone

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Lars-Ake Forsberg

Date

December 6 2004

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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